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Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>	Complete if Known <table border="1"> <tr> <td>Application Number</td> <td>09/605008</td> </tr> <tr> <td>Filing Date</td> <td>06/27/2000</td> </tr> <tr> <td>First Named Inventor</td> <td>MASANORI TODA</td> </tr> <tr> <td>Art Unit</td> <td>2622</td> </tr> <tr> <td>Examiner Name</td> <td>Z. SANBET</td> </tr> <tr> <td>Attorney Docket Number</td> <td></td> </tr> </table>	Application Number	09/605008	Filing Date	06/27/2000	First Named Inventor	MASANORI TODA	Art Unit	2622	Examiner Name	Z. SANBET	Attorney Docket Number	
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Examiner Signature	<i>Zehra Sanjiv</i>	Date Considered	03/08/2004
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